

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: WRIST ARTICULATION PROSTHESIS  
AND SET OF ELEMENTS ALLOWING  
BUILDING OF THIS PROSTHESIS  
Attorney Docket Number:: 0573-1009  
Request for Early No  
Publication?::  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: CHRISTIAN  
Middle Name::  
Family Name:: SARTORIUS  
City of Residence:: MEYLAN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 29 AVENUE DES MURIERS

City of Mailing Address:: MEYLAN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-38240

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: ADIL  
Middle Name::  
Family Name:: TRABELSI  
City of Residence:: VILLENEUVE LEZ AVIGNON  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: CHEMIN DE SAFRUS

City of Mailing Address:: VILLENEUVE LEZ AVIGNON  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-30400

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name:: JEAN-JACQUES  
Middle Name::  
Family Name:: MARTIN  
City of Residence:: BOURG EN BRESSE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 13 BOULEVARD VICTOR HUGO  
  
City of Mailing Address:: BOURG EN BRESSE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-01000

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::